

Fill in this information to identify the case:

Debtor name Graxcell Pharmaceutical LLC

United States Bankruptcy Court for the District of New Jersey
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

Street

City

State

ZIP Code

☐ D
☐ E/F
☐ G

2.2

Street

City

State

ZIP Code

☐ D
☐ E/F
☐ G

2.3

Street

City

State

ZIP Code

☐ D
☐ E/F
☐ G

2.4

Street

City

State

ZIP Code

☐ D
☐ E/F
☐ G

Debtor Graxcell Pharmaceutical LLC
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5	_____ Street _____ City State ZIP Code	_____ 	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ City State ZIP Code	_____ 	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G